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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
American Anthropological Association
Eighty-sixth Annual Meeting – Plenary Session on "AIDS: The Global Crisis"

Chicago
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AIDS, Children and World – Progress toward Health for All

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AIDS, Children and World - Progress toward Health for All

AIDS slipped into our lives, an influence of enormous consequence, while we were barely aware of its existence. There was no warning period or time to prepare for the "Acquired Immune Deficiency Syndrome"; it had surreptitiously evolved into a devastating global threat long before we were even aware of it. When it finally revealed itself, it was first thought to be a very limited disease, particular only to specific, limited populations - often those considered on the fringe of society. For a brief period, it was easy for many to ignore the disease altogether.

It was quickly deduced, however, that the AIDS cases which were appearing with increasing frequency throughout the globe were derived from a broad spectrum of people who had already been infected with Human Immuno-Deficiency Virus (HIV), but who had not yet manifest any symptoms. Now we understand that the virus can strike virtually anywhere - and it does so with increasing intensity. It is called by many "the plague that knows no boundaries", because it ignores not only geographic boundaries, but boundaries of culture, social and economic position, religion, age, and sex.

While the pandemic has been suffered most severely in Africa, among developing-world countries, over three quarters of all countries in the world have now officially reported AIDS cases. Projections five years hence indicate that between 500,000 and 3 million new AIDS cases will emerge from persons already infected with the virus (i.e., that figure does not include cases among people yet-to-be infected by the virus).

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As United Nations Secretary-General Javier Pérez de Cuéllar warned the General Assembly last month:

> "AIDS is a global challenge of unprecedented proportions. It affects and threatens all countries - North and South, East and West, rich and poor, of whatever political and economic orientation. It raises crucial social, humanitarian and legal issues, threatening to undermine the fabric of tolerance and understanding upon which our societies must function."

The AIDS pandemic calls for a far more rapid response, and one far more global in scope, than is normally required of any society. The response to any single AIDS-related matter must be addressed in this broad context - as part of a transcendentally global and intricate issue.

As the world community's advocates on behalf of children, UNICEF has a particular interest in the increasing effect of this pandemic on children, and we acknowledge that it is only in its broader context that this problem can be effectively approached.

In a moment I will speak about aspects of the disease and its tragic effects which are particular to children. Let me emphasize first, however, that we are fortunate indeed, that while a cure and a vaccine against AIDS seem distant possiblities, we are not defenseless against this disease. Dr. Jonathan Mann, Director of the Special Programme on AIDS of the World Health Organization (WHO), stated in his briefing in October to the United Naitons General Assembly:

> "AIDS spreads through specific, identifiable human actions, all subject to human influence and control; thus, AIDS is controllable and preventable. Sexual behaviour can be modified, blood for transfusion can be screened, blood products can be treated to destroy the virus, and needles and syringes can be sterilized ... AIDS should be seen as a disease spread by, and controllable through, conscious human behaviour".

Our primary weapon against AIDS, at this stage, seems so basic: it is knowledge. Our task is to ensure that the life-saving knowledge which can keep people from contracting AIDS is available to all, and that the behaviour changes which may be necessary to put that knowledge to use are supported. We are beginning to see a dramatic mobilization of today's unprecedented communications capacity to combat the threat of AIDS. Not only have we seen strict blood-screening and injection-equipment sterilization policies enacted in all countries where they can be afforded, we are also beginning to see, in New York City, San Francisco and elsewhere today, quite dramatic changes in sexual practices which are known to spread AIDS in response to public information campaigns. Already the spread of the disease has significantly slowed where these campaigns have been waged. The situation created by the AIDS pandemic is grim, indeed, but there is hope.

Children and AIDS

I would like to discuss with you this evening some aspects of the pandemic which are specific to children: how children get AIDS, and some of the tragic effects of the disease on children - even on children who do not suffer the disease itself. I would also like to discuss the process of stopping the spread of this disease - a process in which anthropologists have a critical role and which would have ramifications in improving health and well-being worldwide even beyond the formidable accomplishment of helping to eliminate the AIDS scourge.

I might say at this point that the problem of children with AIDS comes to the fore especially in Africa for reasons that may be of interest to you, as anthropologists. While, on the basis of present data, AIDS is as - or more - prevalent in the United States than in Africa, the problem for children is much greater in Africa, primarily because the proportion of women with AIDS is much greater. In the U.S., the male/female ratio of AIDS cases appears to be 13:1. In Africa, where sexual transmission of AIDS is due primarily to heterosexual practices, the ratio is 1:1. AIDS is a major problem in both the United States and in several countries in Africa in terms of numbers of cases. However, in Africa a greater percentage of HIV-infected persons are women, and therefore, as children contract AIDS primarily from their mothers, a greater percentage of the child population is also HIV-infected.

Even with the lower-risk conditions in the U.S., AIDS is, indeed, beginning to become a problem for children in this country. As of August 1987, 363 infants in the United States had died of AIDS, according to Federal Government estimates, and 494 had been diagnosed as having AIDS. By 1991 the United States Public Health Service estimates that 3,000 children will have suffered from the disease in the U.S. and virtually all will die. In Africa, where the pattern of transmission is so different, and where figures are more difficult to obtain, it is clear that the problem for children is of a whole different magnitude, and that it requires a global response.

To begin to address the needs of children affected by AIDS, the first question we must look at is: How do children get AIDS? The most common route is perinatal (mother-to-child) transmission. Many pregnant women are asymptomatic, and are not aware that they are infected. Transmission can occur:

-- transplacentally in utero;
-- during labor and delivery due to exposure to infected blood and vaginal fluids; and
-- possibly through post-partum ingestion of breast-milk (It is noteworthy that current evidence indicates that the chance of a child contracting AIDS through breast-feeding is extremely small; WHO has concluded that breast-feeding should continue to be promoted because of the immunological and nutritional advantages).

Other modes of transmission, particularly to older children, include:

-- transfusions with contaminated blood or blood products (frequently given in Africa to treat aenemia resulting from malaria, malnutrition and other diseases);
-- through infected needles and syringes, largely through blood-contaminated needles or syringes administered for medicinal purposes, rather than the more common developed-world incidence of infection through IV drug use.
-- sexual abuse and/or unsafe sexual practices.

Secondly, we must look at the extent of the effects of the disease on children, especially in the developing world. Children who have AIDS and those who are infected with the HIV virus have multiple medical, social and emotional needs which may fall upon a family already strained with illness and poverty. Indeed, this disease particularly inflicts itself not only upon those who suffer it directly, but also upon all those around them, even those who are not themselves ill or even HIV-infected. The lives of some children will be forever disrupted when their parents who contract AIDS can no longer care for them, or when they must, in fact, help care for a dying parent. Some children will lose their parents to AIDS, and will be left to fend for themselves, possibly stigmatized by their association with the disease. Others will lose a sibling, and suffer the same type of social problems. It is common among children with AIDS for both parents and one or more sibling to also be HIV-infected, making the effect on the family unit even more devastating.

The magnitude of the problem in Africa

In Africa, health services - both preventive and curative - are already strained and ill-equipped to deal with AIDS. Rational prioritizing of the limited allocations available to the health sector are, in fact, threatened by the urgency and magnitude of the pandemic.

We do not know the exact extent to which the disease has spread, as surveillance systems are not well developed, and therefore data is not conclusive. However, it is estimated that 10-15 per cent of the general population in Central Africa may be infected with the HIV virus. The disease appears to concentrate in certain high-risk areas, such as along trade routes, including notably some towns in Uganda located only 10-15 miles from villages that appear virtually AIDS-free; as well as in high risk groups, which, in Uganda, include long-distance truck drivers and barmaids. Estimates indicate that among these two high-risk groups, 33 per cent and 86 per cent of the respective populations are HIV-positive. 20-30 per cent of those infected are likely to develop AIDS within 5 years, and AIDS has had approximately an 80 per cent mortality rate, two years from diagnosis. (Parenthetically, Uganda is particularly severly affected by AIDS, and UNICEF is glad to have joined an international effort, with WHO and others, to combat the problem in Uganda. UNICEF has committed to raise $8 million toward social mobilization and education as a part of that effort).

The problem for children which is created by the fact that 50 per cent of Africa's HIV-positive individuals are women, is exacerbated by the fact that testing for the virus is largely unavailable in Africa. Even if it were, and women were able to ascertain their HIV status, the contraceptive means with which they could prevent further pregnancies (which we take so much for granted in the United States), or the means to terminate a pregnancy, are often non-existent; moreover, contraception is often culturally unpopular.

WHO data illustrate, for example, that in any given community where 10 per cent of pregnant women are infected, 5 per cent of newborns may be infected and two per cent of newborns could die in their first year of life. This could increase the infant mortality rate by 20 per 1000 due to AIDS alone.

Accepting the challenge

AIDS is hardly limited, of course, to the U.S. and Africa. The incidence of HIV-positivity, as officially reported, is not as grave in Asia and Latin America and the Carribean as in Africa at present, but it is growing. 127 countries now, throughout the world, have reported AIDS cases to WHO (as of 1 November 1987). These include 39 in the Americas, 15 in the Western Pacific, 14 in the Eastern Mediterranean, and 9 in South-East Asia. An indicator of the concern in other regions is that all of these 127 countries have requested collaboration with WHO to develop national plans of action. Many developing countries, beyond those in Africa have already undertaken preventive actions.

In order to begin to address the problem throughout the world - in both developing and industrialized nations - we must take a two-pronged approach. First, we must ask: What can be done to prevent the spread of AIDS to infants and children? Our primary tool in this effort is the same as that available to combat the pandemic at-large: knowledge through education. Massive health education must be launched to prevent women and their sexual partners from becoming infected. In countries where IV drug abuse is a major contributor to AIDS, preventive measures must be taken. We must also ensure that blood supplies are screened prior to giving children transfusions. There must be assurance that all injection equipment is sterile, both for immunization, and for injections and skin-piercing activities undertaken for other purposes. It was for this reason that WHO and UNICEF issued joint guidelines this year for the strict sterilization of injection equipment used in pursuing the United Nations goal of Universal Child Immunization by 1990 - an effort attributed with saving the lives of one million children in 1986. Also, voluntary, confidential testing and counseling must be made available to high-risk men and women of reproductive age.

The second front we must address deals with the social and psychological suffering of children whose lives are assaulted by AIDS. It is noteworthy that an approach which considers this side of the problem can be expected to contribute to an environment which facilitates effective education and change of behaviour.

We need not explore in detail here today all of the challenges which arise in this arena. I will, however, simply pose a few to serve as guideposts:

-- How do we break through the natural cultural, political, economic and other factors which encourage tendencies toward denial, hiding and shame, which acutely undermine efforts to control the spread of the disease and to treat those who suffer?

-- What about street children especially vulnerable to AIDS?

-- How will children's rights be legally protected, including rights to schooling, etc., whether in their own right if ill with AIDS or infected with HIV, or as children or siblings of persons with AIDS, or orphaned by AIDS?

-- How should a Third World country or community, which has limited family planning or abortion facilities, with a large percentage of women of reproductive age and pregnant women who are HIV-infected, allocate its scarce health resources?

These are questions which the medical profession cannot answer alone, and which anthropologists are especially qualified to explore. The patterns of the spread of the disease and the cultural contexts for the sensitive issues involved are different in developing countries compared to industrialized nations, and among developing countries these patterns vary tremendously.

Mobilizing to acquire and spread knowledge

The international effort which is beginning to mount in response to the AIDS pandemic is clearly understandable, given that (50,000) people have died to date as a result of this disease. But we must also look, in this context, at the ongoing loss of 38,000 young children's lives each day to causes for which we have long-since discovered cures and preventions - causes which, often, knowledge could prevent. 10,000 young children die each day from the six main child-killing diseases for which we have low-cost vaccines. Another 10,000 die daily from dehydration due to diarrhoea - for which we have a low-cost treatment quite in addition to all that can be accomplished to prevent the condition through hand-washing and learning basic hygiene practices.

It has been the availability of new, or recently appreciated medical technologies such as these combined with our revolutionary new capacity to communicate with the poor majority in developing countries which is beginning to show results. This year, the lives of 2 million young children were saved as a result of immunization and diarrhoea management alone. (This, of course, was the result of initiatives of the last 5 years.)

We have seen whole countries mobilize to dramatically increase immunization coverage among their young children - in many cases, from a minority to near universal coverage in just a matter of months. With participation by radio and television stations, schoolteachers, businesspeople, the Red Cross, women's groups, Rotarians, street vendors' associations, Scouts and all forms of government ministries - everyone can - and does - join in. As a result of this kind of effort, we have seen the world move in just one decade from a global 5 per cent immunization coverage among young children, to over 50 per cent coverage as of this summer. And we have arrived at a point where the achievement of United Nations goal of Universal Child Immunization by 1990 has become a realistic proposition.

We are finding in the process of this "Child Survival and Development Revolution" that the key is reaching people through their attitudes and cultural practices. We find particular success in communicating life-saving self-health knowledge to people - and in a way that translates in actual behaviour changes - through religious groups. The Catholic Church and Muslim groups have all been among our strongest allies in this revolution. We now know that a full two-thirds of child deaths could be prevented if we could only empower people with knowledge, and offer the support structure for sharing and using that knowledge. In child survival and development, this is working, and progress is accelerating.

Knowledge, as we all know, is similarly our best weapon against AIDS. The challenge now - but also the advantage for use - is using these same approaches against the new pandemic. To do that most effectively, we have to find culture-specific means of communicating this sensitive information.

We have a very real capacity - in this age of mass communications reaching into virtually every hamlet of the planet - to undertake a major social mobilization effort to educate virtually everyone about how to avoid becoming HIV-infected. Clearly, an unprecedented cooperative effort is required - urgently. The expertise of anthropologists is needed now, for example, to, among many other things, assist in developing educational materials for many developing countries - materials which can get the message across within the context of cultural sensitivities.

The effort to combat AIDS must involve the greatest exercise in communication, and probably the greatest efforts to bring about behavioural change, that the world has ever seen. Fortunately, these efforts need not be mounted in a vacuum. We need not "re-invent the wheel" in order to respond to this sudden new challenge, because of the wealth of recent experience which can now be applied to this urgent new task. Just such approaches are already vastly improving the survival and development of children in the developing world, precisely where the task will be the most difficult. There is demonstrably effective recent experience in informing, educating, motivating, and mobilizing the mass public - the poor and the illiterate as well as the rich and the educated - into health-protective actions.

We must simultaneously recognize, as the Secretary-General warned us, that:

> "We must work hard to ensure that the rising tide of understandable concern and fear demanding action against AIDS does not wash aside the careful, equally urgent work that the United Nations has led in such areas as child survival, primary health care and community development. This would be especially tragic, not only because such important and dramatic progress has been made in these areas in recent years, but also because the very same infrastructure and techniques which the United Nations and our colleagues have pioneered for major success in these areas are essential to the battle against AIDS."

I would suggest that the major campaign being mounted to combat the spread of AIDS ought to be embarked upon, and learned from, as part of a wider effort to empower people everywhere to protect and promote their own and their family's health by their own well-informed and well-supported actions. And if that were to happen over the next decade, then it may be that even the dark cloud of AIDS will prove to have a silver lining of hope.